

Request for Proposals

Residential Substance Abuse Services for Criminal Justice Involved Men

Introduction:

The Vermont Department of Corrections (DOC) is seeking proposals for the development of a residential substance abuse program for men involved in the criminal justice system. The priority population will be men with moderate to high risk of recidivism as assessed by the DOC and have moderate to high criminogenic needs in the area of substance abuse.

Objectives of services provided via the RFP include the following:

1. Reduction in the risk of recidivism through coordinated clinical and supervision strategies which target substance abuse and related behavioral risks correlated with offence pattern and other criminal activity.
2. Reduction in the risk of harm to both the community and any identified or potential victims through decrease in the frequency and intensity of the abuse of substances by the participants
3. Improvement in participant functioning in major life areas (such as-work, family/personal interactions and leisure).
4. Provision of a viable collaborative criminal justice program model which addresses substance use as both a criminal risk and a clinical disorder

Specifications:

Leadership and Development

- 1) The Program Director (PD) will be professionally trained (minimum a baccalaureate degree) in one of the helping professions (masters preferred)
- 2) The PD will have at least 3 years experience in an offender treatment program (residential preferred)
- 3) The PD will be directly involved in hiring, training and supervision of staff (provide details of how this will occur)
- 4) The PD will be involved in consistent delivery of direct services
- 5) The PD will meet with DOC staff as determined by the DOC
- 6) The PD will provide reports as required by the DOC
- 7) The PD will maintain a file of evidenced based literature review and there is evidence that it is disseminated to the staff
- 8) Any modifications to the program design will be pre-approved by the Director of Programs (or designee) and then piloted for a minimum of one month and results reviewed with appropriate DOC staff before being implemented in an ongoing fashion
- 9) The program should do what is possible to elicit support from the community at large and the criminal justice community

Staff

- 1) 70% or more of the staff should have a minimum of an associates degree in a helping profession

- 2) 75% or more of the staff should have at least 2 years experience working with offenders in a treatment program (residential preferred)
- 3) The hiring of staff should be based on a combination of skills and values, this should be done in a way that can be verified (e.g. job descriptions, employment screening, etc.)
- 4) Staff meeting need to take place at a minimum of bi-monthly to discuss program issues
- 5) Staff should be evaluated at least annually on service delivery skills. It would be preferable for staff to have Individual Development Plans along with written clinical supervision that occurs on at least a bi-monthly basis. The clinical supervision should be provided by a masters level licensed clinician. If not a masters level licensed clinician, at least a masters level clinician.
- 6) Staff are to receive a thorough training on the program model prior to commencing work independently in the program.
- 7) Staff should receive a minimum of 40 hours per year of ongoing training relevant to program and service delivery. Staff are to be trained in Motivational Interviewing, PREA, LSI-R and "What Works" in corrections and CBT/REBT prior to the program commencing. Contractor will submit an annual training record of staff.
- 8) Staff should have a formalized documented way to provide input to the program
- 9) There needs to be documentation that staff have been trained to abide by written ethical guidelines for the program. These guidelines should include boundaries and standards for offender interaction

Offender Assessment

- 1) All offenders will be assessed with an Level of Service Inventory-Revised (LSI_R) by DOC staff. The contractor is to review the LSI-R and focus on targeting the individual dynamic factors that exceed a score of 50. The rationale is that resources will be directed toward higher risk offenders and not to harm lower risk offenders by inserting them into a milieu of higher risk offenders that will increase their risk for recidivism
- 2) DOC and contractor staff will develop a written list of exclusionary criteria and contractor staff is to notify DOC staff if an offender is admitted into the program that meets the exclusionary criteria.
- 3) Responsivity assessments will be administered to program offenders, examples are the TCU Client Evaluation of Self and Treatment (CEST), Jesness Inventory, IQ testing, Beck's Depression Inventory, etc. The rationale is that programs need to be responsive to different barriers and learning difficulties presented by offenders. All offenders will receive an Addiction Severity Index assessment

Treatment

- 1) At least 50% of program targets need to be criminogenic. Contractors will use the following curricula; Criminal Conduct and Substance Abuse Treatment or another curricula approved by the State.
- 2) Acceptable treatment approaches are Cognitive Behavioral Therapy, Operant Conditioning (structured, documented approach to reinforcement), Social

- Learning, Functional family therapy or Multi-Systemic Therapy, note that reinforcers should be used at a minimum of 4 positives to 1 negative throughout the program milieu.
- 3) Treatment should last 3 to 9 months and no longer than 12 months.
 - 4) The program should have a detailed program/activities manual. Documentation that the staff follow the manual as described needs to be in place.
 - 5) Offenders will be actively involved in therapeutic activities between 40% to 70% of the time.
 - 6) When possible offenders should be matched to groups and staff in a rational manner. Examples may be groups to deal with mental health issues for those with mental health issues.
 - 7) Offenders will have input into the program via an organized approach such as offender representatives that meet with staff on a regular basis.
 - 8) There needs to be an organized mechanism for rewards and punishers. Rewards must outnumber punishers by a minimum of a 4 to 1 ratio. Punishment is to be designed to promote behavioral change and extinguish antisocial behavior. There will be written policies on both rewards and punishment that includes a training regimen for how to administer both rewards and punishment and how to assess if there are negative effects of punishment
 - 9) The program will establish completion criteria that is based on performance in acquiring prosocial skills, attitudes and beliefs. Indicators of performance are included a behavioral assessment instrument, checklist of attitudinal criteria, goal attainment on a case plan and acquisition on new skills
 - 10) Offenders are consistently taught to monitor and anticipate problem situations through modeling and demonstrations by staff. Staff and offenders should be knowledgeable of offenders triggers and high risk situations
 - 11) Contractors will have offenders practice and rehearse prosocial responses to situations. Role plays should be built into curricula in an organized fashion so the approach is consistent. The role plays that are to be used should be documented and the offender should be playing the prosocial roles. Offenders should be practicing these skills outside of group and reporting back on the experiences
 - 12) No offenders are to conduct group
 - 13) Groups sizes for core groups (CBT) should be no larger than 10
 - 14) Families should be trained to be supportive of offender reentry and recovery upon discharge and while participating in the program
 - 15) Discharge planning with the receiving office should be documented and coordinated from the beginning of the offenders program entry. DOC case managers and contract staff need to document the coordination of the offender case plan with DOC community supervision staff
 - 16) Quality aftercare should be in place prior to discharge. Quality aftercare will address those dynamic criminogenic needs in which the offender scores over 50 on the LSI subscales

Quality Assurance

- 1) Contractor needs to have an systematic, documented process of internal quality control that includes monitoring of groups (documented scoring sheet) with

- documented supervision session in response to group monitoring, file audit review (coordinated with DOC) and formal offender surveys for offender feedback (offender satisfaction)
- 2) Reassessment on instruments that are designed to reassess in the time frame that an offender is in the program
 - 3) Contractor will provide PID numbers of program participants to the DOC that allow for tracking recidivism
 - 4) The Program will be evaluated using the Correctional Program Checklist by UCCI certified DOC staff after six months and again at the end of the first year. The contractor is required to score in the effective range at the end of year one.

Program Services

The Contractor must be prepared to develop a program capable of delivering substance abuse treatment services to a population of men under supervision by the Department of Corrections who are at moderate to high risk for recidivism and whose substance abuse need area is moderate to high.

The Contractor will develop, implement, administer and participate in the evaluation of a clinically efficient, evidenced based substance use disorders program which employs evidenced based principles of correctional programming for this population.

This model will incorporate interventions effective with substance abuse criminal justice involved populations including motivational enhancement techniques, cognitive behavioral techniques and prosocial behavioral modeling and incentives.

The Program must include but is not limited to the provision of the following:

1. Residential Substance Use Disorders for three to twelve months term for up to 50 men.
2. Co occurring disorders evaluation and effective strategies which promote the knowledge and skills to eliminate abuse of substances, promotes abstinence from substances and reduction of harm to self and others.
3. Delivery of immediate and appropriate clinical response and/or recommendations for relapse intervention of substance use and criminal behavior which may consist of a range of activities.
4. A provider network sufficient in clinical expertise, capacity, supervisory capacity and scope to meet the substance abuse treatment needs of offenders participating in the program.
5. A comprehensive screening and psychosocial assessment process, using evidenced based screening and assessment tools, including mandatory use of the Addiction Severity Index, which will demonstrate ability to identify and assist in treatment and case management planning for issues correlated with substance use, including co-occurring disorders will. It will rely upon participant self report, DOC records, and collateral reports and evaluations as available.
6. An admission process in participation with designated DOC staff in which a narrative summary of the assessment will be provided by the admitting clinician.
7. A treatment plan developed in collaboration with the offender that has clear goals which are measurable and expressed in behavioral terms. This plan will be reviewed with the participant according to approved professional

standards

8. Treatment interventions utilizing evidenced based strategies which are known to have effectiveness within a correctional population.

9. A transition plan from the program which will be developed and implemented in collaboration with the offender and the DOC supervising officer to include community based supports, and treatment referrals as indicated. Proposer will assist offenders to identify and develop a community based social support system which can assist them during and following transition from the program.

Administrative Services

The Contractor shall designate an Administrator or Program Director for the Vermont DOC who shall be the liaison between DOC's

Central Office and the Contractor. The Administrator must have a strong background and knowledge in Substance abuse program services needs and possess strong managerial skills. The Administrator will also participate in the following:

- ☐ Provision of support, information and program development assistance to local personnel to facilitate the accomplishment of all contract goals.
- ☐ Regular meetings with DOC's Program Services Director or designee to discuss services and contract issues.
- ☐ Coordinating with representatives of DOC the ongoing development implementation and delivery of consistent programs which provide offenders access to quality substance abuse services in a timely manner.

Provision of consultation services to DOC upon request including but not limited to:

A staffing plans,

b. offender program development and evaluation

The Administrator will provide reports on a scheduled basis as determined by the contract.

This contract will not be subject to any sub contracting without the written expressed review and approval of the Program Services Director.

Clinical Services

The Contractor will be responsible for the delivery of a program which provides clinical services in a manner that is consistent with the philosophy and purpose of the DOC correctional program which integrates the clinical needs of offenders and supervision

responsibilities of the DOC . The program will develop capacity of up to 50 male beds.

Clinical Services will include the following:

- Provision of clinical assessments to participants
- clinical supervision of all program staff
- participation in program case management,
- collaboration with community and DOC to ensure continuity of care
- Development of protocols and working relationships with local community providers to enhance the resources available to program participants, when appropriate.
- Data collection of information relative to program participation sufficient to enable systematic program evaluation and outcome report products.

- Delivery of services which meet and maintain professional certification, including Vermont Alcohol and Drug Program approval standards.
- Coordination of program service delivery activities with the Vermont DOC Program Services Director and/or designee, including:
 - ☐ development of treatment and relapse prevention plans
 - ☐ consultation with DOC probation and parole officers and facility caseworkers
 - ☐ clinical Case consultation

Clinical Treatment Records

1. Contractor shall maintain a clinical treatment record consistent with Federal and State regulations and professional standards of practice. The clinical treatment record will meet established professional standards.
2. Clinical treatment records shall be maintained securely and in a confidential manner at all times, consistent with state and federal law. An offender's clinical treatment record will be available for reference during sessions. Documentation will be in a format determined by the Department, legible and completed with the date, time and place of the encounter. The provider's signature and credential will be recorded for each encounter.
3. Clinical treatment records and reports are the property of DOC. Contractor will provide full and unrestricted access to and copies of the appropriate clinical treatment record to the State within the scope of legal and regulatory requirements, and in accordance with DOC policies, procedures and directives which will subsume those of the contractor.

Operational Reports

Contractor shall prepare the following operational reports, using State-approved templates: Contractor shall submit operational reports including but not limited to the following:

Monthly

• Contractor Operational Reports –

The following data are required in the reports. The data should be organized by Program components and total aggregate. It should also reflect services scheduled versus services delivered.

- Number of participants and DOC unique identifier
- Number of individual assessments
- Program referrals and admissions processed in the period,
- Discharges,
- Suspensions and
- Terminations.
- Number of units of services rendered by major category of service
- Group session,
- Individual session,
- Treatment plan reviews,
- Risk assessment testing,

- Relapse prevention plan development, etc.

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Staffing report demonstrating whether contractor provided services using staff sufficient to meet program requirements as per matrix as previously determined prior to contract start in consultation with DOC

- Number of contractor staff and training/experience of each staff member

- Level of certification staff facilitating groups

- Supervision delivered, both administrative and clinical

Brief Narrative Analysis of whether organizational issues affected delivery of services e.g. staffing levels or credentials

Quarterly

Outcome/Disposition Reports –

- An accounting of the number of program offender participants at the beginning of the period, to include the total number of participants, the number of new participants added and the number of participants leaving the program for the following reasons:

- Successful completion of the program (number of starts, number/type of service units (mean)

- Referred to transitional service

- Referred to DOC programs, ISAP, IDAP and/or other

- Referred to medical or psychiatric residential care.

- Re-incarcerated (number of service units)

- Re-admitted to program following incarceration

Addiction Severity Index Pre and Post Test scores in the following areas upon completion or discharge for those participants in each phase discharged during the quarter.

- o Residence stability

- o Substance use

- o Presence/severity of psychological symptoms

- o Satisfaction with familial and social relationships

A narrative analysis of how those scores reflect upon program or offender success pre and post completion

External Facility/Other Providers Reports

Annual Summary to include: Offender Demographic Profile Report - A summary of offender demographics (age, sex, etc.), along with the treatment services delivered will be reported. Included in this report will be data specific to the populations.

The State reserves the right to request additional or different reporting information from the Contractor throughout the term of the contract, on either an ad hoc or regular basis.

Financial Reporting-

The Contractor will submit quarterly and annual financial statements, using State furnished templates, which specifically report the Contractor's performance under

its contract with the Department. The statements will be prepared in accordance with generally accepted accounting procedures. In addition to the contract specific financial statements, the Contractor will also submit the entire organization's quarterly and annual financial statements. Quarterly reports are due 45 days after quarter end close. Final annual financial statements are due 90 days after the close of the contract period.

If the Contractor's financial statements are audited, and audited financials are not available by the submission deadline, interim financials will be accepted, with the understanding that audited financials will be sent to the Department upon completion.

Three months prior to the end of the initial contract term and each extension thereafter, the Contractor shall submit the next year's annual budget, including case load and service volume assumptions, annual cash plan and profit and loss statement to the State for review and approval for the following contract year

Performance Guarantees

Performance Guarantees will be assessed through either Contractor self report and/or determined through quarterly or as specified DOC audits.

Program Approval

The successful Proposer will be required to acquire and maintain ADAP and CARF approval for program. Penalties may apply upon failure to secure and maintain approvals.

Operational and Financial Reports

The contractor will be required to provide the required operational and financial reports within the prescribed time periods may result in a penalty of \$1,000.00 for each period the report is not received as due. Monthly reports will be submitted with invoice for the period invoiced.

The contractor will provide a complete screening and psychosocial assessment on each offender entering the program using the ASI-failure to perform the assessment within 10 working days of admission will result in a penalty of \$100.00/assessment

The contractor will develop a treatment plan that has goals which are measurable and expressed in behavioral terms-failure to do so for each offender within 1 group meeting will result in a penalty of \$50.00/missing/incomplete treatment plan

The contractor will develop and implement a transition plan from program completion to community based support-failure to do so prior to the offender's planned discharge from program failure to complete, may result in penalty.

PROPOSAL SUBMISSION REQUIREMENTS

Acceptance of Proposals

Each proposer may submit one (1) proposal. Alternate proposals will not be allowed and will cause the rejection of the alternate proposal and any other

proposal submitted by the proposer.

The State will accept all proposals properly submitted. After receipt of proposals, the State reserves the right to sign a contract, without negotiation, based on the terms, conditions, and premises of the RFP and the selected. The proposal and its conditions must remain valid for six (6) months from the date of proposal submission.

The State reserves the right to waive minor irregularities in proposals, providing such action is in the best interest of the State. Where the State may waive minor irregularities, such waiver shall in no way modify the RFP requirements or excuse the proposer from full compliance with RFP specifications and other contract requirements if the proposer is awarded the contract.

The State also reserves the right to request proposal clarification or correction, reject any or all proposals received, or cancel the procurement, according to the best interest of the State.

Cost of Preparing Proposals

All costs incurred by the proposers during the preparation of their proposals and for other procurement-related activities will be the sole responsibility of the proposers. The State will not reimburse the proposers for any such costs.

Disposition of Proposals

The successful proposal will be incorporated by reference into the resulting contract and will be a matter of public record. If the proposal includes material that is considered by the proposer to be proprietary and confidential under Vermont law, the proposer shall clearly designate the material as such, explaining why such material should be considered confidential.

The proposer must identify each page or section of the proposal that it believes is proprietary and confidential, with sufficient grounds to justify each exemption from release, including the prospective harm to the competitive position of the proposer if the identified material were to be released. A general statement that an entire proposal is proprietary is not acceptable.

All material submitted by proposers becomes the property of the State of Vermont, which is under no obligation to return any material submitted by a proposer in response to this RFP. The State shall have the right to use all systems concepts, or adaptations of those ideas, contained in any proposal, and this right will not be affected by selection or rejection of the proposal.

Freedom of Information and Privacy Act

Proposers should be aware that all materials associated with the procurement are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations, and interpretations of these Acts. By submission of a proposal, the proposer agrees that the Privacy Act of 1974, Public Law 93-579, and the Regulations and General Instructions issued pursuant thereto, are applicable to this contract, and to all subcontracts hereunder.

Vermont Tax ID Number

A Vermont business account tax number is required if the Contractor is a corporation or if the Contractor, under whatever form of business, has employees who are subject to Federal income tax withholding and who perform their services within the State of Vermont. Contracts cannot be executed without a Vermont

Tax ID.

Use of Subcontractors

The prime Contractor will be responsible for all the work to be performed under this contract. Proposers must identify proposed subcontractors in their proposals, in the manner described within the proposal submission instructions.

Utilization of Small Business, Minority, and Woman-Owned Concerns

The State of Vermont and the Department of Corrections attempt to ensure that a fair portion of the purchases and contracts for supplies and services for the government should be placed with small business concerns. By the submission of a proposal, the proposer shall agree to accomplish the maximum amount of subcontracting to small business, minority, and woman-owned concerns that the Contractor finds to be consistent with the efficient performance of this contract.

Bid and Performance Bond Requirements

The selected Contractor must provide a performance bond of twenty five percent of the first year's contract amount within thirty days after notice of award. The performance bond may be in the form of a certified check made payable to the State of Vermont, or may be in the form of a surety bond from a company qualified to do business in the State of Vermont.

Submission Deadline and Address

Proposals are due no later than 3:30 EST, September 6, 2011. Contractors are encouraged to submit proposals prior to the deadline and to confirm the DOC's receipt of their proposal sufficiently in advance of the deadline in order that alternative delivery arrangements may be made, if necessary.

Proposals should be delivered to:

Kim Bushey
Program Services
Department of Corrections
103 South Main Street
Waterbury, VT 05671

Proposers are solely responsible for ensuring the timely delivery of their proposals. All bids will be opened at 3:30 pm, September 6, 2011 at the Department of Corrections office in Waterbury in the 1st floor conference room. Any proposals delivered after the deadline, based on the time of delivery as determined by the DOC, will not be accepted.

Proposal Format

Proposals must be submitted on single-sided (8 1/2" by 11") paper without permanent binding; loose-leaf binding is permissible. Any attachments or exhibits must be reduced to letter size. Ink and paper colors must not prevent the entire proposal from being photocopied. The use of divider tabs is required. Ring binders must be no longer than three (3) inches. If necessary, multiple volumes should be submitted.

Proposers must submit an original and four copies of the proposal plus one complete copy of the original on CD. The original should be clearly marked on the outside cover as such. All signatures in the original proposal must be in blue ink.

The outside cover of all packages containing the proposal should be marked:

DEPARTMENT OF CORRECTIONS PROPOSAL
RESPONSE TO MEN ' S RESIDENTIAL TREATMENT PROGRAM RFP
(Name of Proposer)

TECHNICAL PROPOSAL

Contents

The technical proposal must consist of the following elements, in the order listed below:

Each section should be separately tabbed.

1. Transmittal Letter
2. Executive Summary
3. Corporate Background and Experience
4. References
5. Key Personnel
6. Core Network Composition
7. Innovative Reform Initiatives
8. Program elements description

Each of the eight sections should be separately tabbed, for easy identification. Every page of the technical proposal must be numbered sequentially, including attachments and appendices.

Required Program Elements Described

Intake and Admission Process

1. Describe the proposer's process and timeframes for conducting the evaluation of all referred offenders. In the description, address all of the following:
 - Credentials of personnel who will be responsible for conducting the assessment
 - Process and timeframe for performing the clinical assessment, preliminary treatment plan and issuing the report
 - Process to ensure compliance with program policies
2. Describe the proposer's process for evaluation of the clinical need of referred offenders and how it is to be integrated with criminal risk.
3. Include a copy of the assessment form(s) to be used.

Treatment Plan and Clinical Risk Rating

4. Describe how the proposer will develop the treatment plan for offenders referred to the program, and how offenders will be informed and included in the plan development. In the description, address all of the following:
 - Timeframe for completing treatment plans (in terms of days from admission)
 - Mechanisms and criteria used to assess the offender's condition
 - Credentials of personnel who will be responsible for developing the plan
 - Collaboration with the DOC Supervising Officers
 - How treatment goals will be measured
 - Content of the assessment report

Treatment Plan Reviews

5. Describe the proposer's process and timeframes for conducting offender treatment plan reviews by program. In the description, address all of the following:

- Timeframes for completing treatment plan reviews (in terms of days from development of initial treatment plan, as well as any prior plan reviews)
- Mechanism and criteria used to assess the offender's clinical status and progress toward meeting his/her goals
- Process for management of different phases of services housed in one location, coordination with other community services, as needed.
- Process for discharging offenders

Therapy Sessions

6. Describe the offeror's process for conducting the offenders' therapy sessions. In the description, address all of the following:

- Credentials of personnel who will be responsible for conducting the sessions
- Primary treatment approaches/strategies to be used
- Process for development of the offender's relapse prevention plan
- Transitioning the offender to community based supports, including treatment resources as indicated.

7. Describe how the proposer will monitor, document and report the progress and status of offender participants.

8. Describe how the proposer will address identify and develop program accommodation if indicated for participants with formal Adult Disability Accommodations.

Therapy Sessions – Transition to Community Supports

8. Describe how the proposer proposes to assist each offender to improve his/her relapse prevention plan. In the description, address all of the following:

- Credentials of personnel who will be responsible for conducting the sessions
- Identification of key risk factors for each offender
- Development of strategies to address those risk factors
- Development of individualized treatment goals

9. Describe how the proposer will monitor, document and report the progress and status of offender participants.

Provider Network

10. Describe how the proposer will clinically supervise its provider staff and monitor the timely provision of medically necessary substance abuse services.

11. Describe how the proposer will coordinate care with other community based services, including healthcare providers.

12. Describe how the proposer will ensure timely sharing of information between parties.

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Administrative Services

13. Describe the proposer's capacity for furnishing or contracting for the specific services listed in the RFP.

14. Describe the proposer's policies and procedures with respect to the maintenance of clinical records for each offender. Also describe the proposer's policies and procedures with respect to maintaining the security and confidentiality of these records.

15. Describe the proposer's network credentialing process, including the specific items to be verified.
16. Describe the proposer's capacity and approach for submitting the specified operational data reports.
17. Describe the proposer's proposed process for ensuring continued accreditation
18. Describe the proposer's information technology needs and approach.

Transmittal Letter

The Transmittal Letter must be signed in blue ink by an official of the bidding organization authorized to bind the organization to the provisions of the RFP and Proposal. The Transmittal Letter must include the following:

- A statement that the proposer has read, understands, and is able and willing to comply with all standards and participation requirements described in the RFP.
- A statement attesting to the accuracy and truthfulness of all information contained in the proposal.
- A statement that the proposal was developed independently, without collusion, conflict of interest, consultation, communications, or agreement for the purpose of restricting competition, as to any matter relating to the proposal of any other proposer or competitor.
- A statement of Affirmative Action that the proposer does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, sexual orientation, marital status, political affiliation, national origin, or handicap and complies with all applicable provisions of Public Law 101-336, Americans with Disabilities Act.
- Identification of the person who will serve as primary contact for the State's Issuing Officer, and that person's address, telephone number and fax number.

Executive Summary

The Executive Summary should provide an overview of the proposing organization and a general description of the approach to meet the requirements of the RFP. The Executive Summary should be no longer than two single-spaced pages.

Corporate Background and Experience

The proposer should also provide a narrative description of its business (corporate) organizational structure and experience in providing substance abuse services to community-based offenders, as well as incarcerated populations within the United States. Members of any joint application shall also describe the experience of its member collaborators. As part of the description, the proposer should include a corporate organizational chart, showing the parent company and all subsidiaries, including the proposing organization (as applicable).

The proposer should further include an implementation plan describing the major activities to be performed, and their associated timelines. The implementation plan should demonstrate that the proposer would be able to meet all contractual requirements by the contract effective date. Its scope should include, but is not limited to:

- Hiring of key personnel
- Contracting with network providers

- Development of policies and procedures
- Development and testing of information systems
- Staff education and training
- Transition of responsibilities from current contractors

The corporate background and experience description, excluding attachments, should be no longer than two single-spaced pages. The implementation plan should be no longer than an additional four single-spaced pages, excluding attachments.

References

The proposer must include three business references that demonstrate the offeror's prior experience in the areas for which services are being offered. The proposer should identify the three references to be contacted on a separate page, being certain to include telephone and fax numbers for the contact person. For each reference, the proposer should list any personnel proposed for the Vermont DOC contract who worked for the reference client.

Key Personnel

The Proposer must identify those individual filling the following positions (as applicable):

- Chief Executive Officer
- Chief Financial Officer
- Program Director
- Administrator for the Vermont contract

The proposer should include job descriptions for each of the key personnel positions, placed behind the resumes. The descriptions should delineate educational, work experience, and licensure requirements, as applicable. For shared corporate and Vermont positions, the descriptions should clearly delineate how responsibility and authority are divided.

Core Network Composition

The proposer must provide evidence that it will be able to assemble a provider network capable of meeting the core requirements specified in the RFP. The proposer must list the specific providers for which it holds contracts or letters of intent.

The proposer must provide an estimate of the number of providers by position and CADC/LADC status.

The State recognizes that proposers may not be able to fully assemble the provider portion of the network prior to the proposal submission due date. If there are unfilled positions, the proposer should be certain to address its method and timetable for filling these positions as part of its implementation plan.

To the extent that proposers have contracted with providers, proposers must include a contract signature page, letter of intent, or evidence of employment for each of the providers listed. Proposers may format the letters of intent in any manner, as long as the language specifically references the DOC population as the group being served.

The proposer must also include in this section a model provider contract.

Innovative Reform Initiatives

Vermont DOC will consider innovative reform initiatives from proposers that

advance the State's objectives for these programs. In particular, the State is interested in creative approaches for:

Improvement in supporting successful transition to community support resources

Treatment strategies which further support and integrate substance use treatment and co occurring disorders

Proposers may include a description of suggested innovations in the final section of their proposals. This section is optional and need not be completed. Proposers submitting credible proposals will be eligible to receive bonus points in the evaluation.

PRICE PROPOSAL

General

The offeror's price proposal should be placed directly behind the technical proposal.

The price proposal form includes a space for recording corporate overhead costs. If the proposer includes corporate overhead costs, it must attach on separate paper an explanation of how these costs have been allocated to the Vermont program, and the portion of total overhead costs that they represent.

The proposer should further record on separate paper any other assumptions or explanations it considers important for understanding the cost proposal.

Proposals should not be qualified with "If...Then" statements. Price proposals with such qualifications will be subject to disqualification.

PROPOSAL EVALUATION

A contract award will be made to the proposer whose proposal is determined to be the most advantageous to the State, taking into account price and other evaluation criteria as set forth in this RFP. Staff of other agencies and consultants may be involved in the evaluation of the proposals. The DOC reserves the right to reject any and all proposals submitted in response to this RFP.

During the evaluation process, proposers may be contacted for the purpose of obtaining clarification of their response. However, no clarification will be sought if a proposer completely fails to address a feature contained in the RFP document. If the failure was in response to a mandatory feature, the proposer may be disqualified.

Proposals will then be evaluated and weighted using the following distribution between technical and price:

Technical (including references): 30 percent

Clinical and Supervisory Plan: 40 percent

Price: 30 percent

As part of its evaluation, the State will conduct interviews with one or more proposers. In such an event, proposers may be required to travel to Vermont, at their own expense, to participate in an on-site interview. Conversely, the State may elect to travel to the offeror's headquarters to conduct the interview, as well as to tour its facilities.

Upon completion of the evaluation process the Commissioner of the Department of Corrections may select a proposer with which to negotiate a contract, based on the evaluation findings and other such criteria as deemed relevant for ensuring

that the decision is made in the best interest of the State. In the event the State is successful in negotiating with the proposer, the State will issue a notice of award. In the event the State is not successful in negotiating a contract with this proposer, the State reserves the option of negotiating with another proposer. The State may also cancel the procurement and make no award, if that is determined to be in the State's best interest.

PROCUREMENT DETAIL

Contract Term

The initial contract will run for two years. The State's fiscal year is July through June 30. There will be an opportunity for two extension up to two years, to be exercised at the State's option.

Contract Payment Provisions

The proposer will describe in detail its financial requirements. That description will include a copy of the applicant's pay schedule for all employees associated with the contract. A budget will be submitted that will show all funds requested by function or cost center. All administrative and support costs will be specifically delineated. The proposer may request reimbursement in the form of fees, guarantees and indirect costs.

Three months prior to the end of the initial contract term and each extension thereafter, the Contractor shall submit the next year's annual budget, including case load and service volume assumptions, annual cash plan and profit and loss statement to the State for review and approval for the following contract year.

Point of Contact

All questions regarding this RFP should be submitted in writing (mail or fax) to:

Kim Bushey
Program Services
Department of Corrections
103 South Main Street
Waterbury, Vermont 05671
Fax: 802/241-2215
Email: Kim.Bushey@ahs.state.vt.us

Proposers or potential proposers are prohibited from initiating any communication with any State staff concerning this RFP, except as specified in this RFP or as provided by existing contract agreements. The Vermont DOC reserves the right to reject the proposals of any violators.

Bidder's Conference

Prospective proposers will have an opportunity to ask questions regarding this procurement at a bidder's conference scheduled for 10 am, August 9, 2011.

The conference will be held at the following location:

Vermont Correctional Academy, Classroom # 2
Dale Building
State Office Complex
103 So. Main St.
Waterbury, VT 05671

Attendance at the bidder's conference is not mandatory. Each prospective

proposer may bring up to three representatives to the conference. The conference is intended to be an interactive exchange of information, with appropriate State staff on-hand to provide clarification and/or answers to questions. Ms. Bushey will collect questions and the written responses will be posted on the DOC website. Final questions are due no later than August 15, 2011

Customary State Contract Provisions

Appendix 5.1 contains a listing of customary state contract provisions. The list is not intended to be exhaustive. The complete set of contract provisions will be delineated in a draft contract issued to the selected proposer at the time of award.

Supporting Documentation

The RFP contains appendices with information concerning the existing program in Vermont. Specifically:

- ☐ Customary state contract provisions

RFP Amendments

The State reserves the right to amend the RFP at any time prior to the proposal due date by issuing written addenda. All written addenda to the RFP will become part of the contract. Answers to bidder's conference questions will be considered addenda to the RFP.